

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY2009</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>78803.06501</b>
Application Number: <b>10/582,426</b>		Filed: <b>8 June 2006</b>
For: <b>AN IMPROVED FEED MECHANISM FOR A MEDICAL DEVICE</b>		
Art Unit: <b>3767</b>		Examiner: <b>Bhisma Mehta</b>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490	\$245
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350	\$1175
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1943.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038</b>		
I am the		
<input type="checkbox"/> applicant / inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,223</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/Charles N Quinn/</u> Signature		<u>5 October 2009</u> Date
<u>Charles N. Quinn</u> Typed or printed name		<u>(610) 458-4984</u> Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.